**Complaint Procedure**



#

NAME is committed to providing services that give choice, safety, dignity & respect.

**ARE YOU HAPPY OR UNHAPPY WITH THE SERVICE?**

 

**IT IS OK TO SAY HOW YOU FEEL OR WHAT YOU THINK.**



**WE WILL TRY TO DO SOMETHING ABOUT IT**

**TELL SOMEONE WHAT HAS HAPPENED**

 

**OR**

**WRITE OR DRAW IT IF YOU CAN, WHO WAS THERE & WHERE WAS IT, THINGS LIKE THAT….**



**WHAT DO YOU WANT TO HAPPEN?. GIVE US YOUR IDEAS.**



**WE WILL LISTEN**



**WE WILL**

**WRITE IT DOWN INVESTIGATE HAVE A MEETING**

 ****

**WE WILL TELL YOU WHAT HAS BEEN DONE TO PUT IT RIGHT**

****

# STILL UNHAPPY? TELL THE MANAGER

|  |
| --- |
| Picture of manager |



**ARE YOU HAPPY NOW WITH THE ANSWER?**

  



**STILL UNHAPPY?**

****

**CONTACT SOCIAL SERVICES. A MEMBER OF CARE STAFF WHO WILL HELP YOU**

    

**SOCIAL SERVICES CUSTOMER SERVICES OFFICER, -**

**LOCAL GOVERNMENT COMPLAINTS OFFICER, -**

**(Gov Ombudsman)**